

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4	1					
5	1					
6	1					
7	1					
8	6					
9	6					
10	6					
11	6					
12	1					
13	1					
14	1					
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47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.	43					
TOTAL CLAIMS	44					

	IND	DEP	IND	DEP	IND	DEP
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

19
24
98